



Licensed Mental Health Counselor, NYSL: 000918  
 Certified Clinical Psychopathologist, NARCI: 17217  
 Fellow-Diplomate, American Board of Medical Psychotherapists # 3018

MAILING ADDRESS: 304 Oak Neck Road

West Islip, New York 11795

Telephone: (631) 587-7218 • Fax (631) 893-3109

# FAMILY DYNAMICS & PSYCHOEMOTIONAL ASSESSMENT

Name: Anthony Duh

DOE: 02/20/08

## REASON FOR ASSESSMENT:

Comprehensive Psychoemotional and Family Dynamics Evaluation requested by Client.

## ASSESSMENT METHODS:

- Clinical Interview of Patient
- Mental Status Examination
- Family History and Dynamics
- Beck Anxiety Inventory
- Burns Depression Checklist
- Interview of Parents
- Family Constellation Test
- House-Tree-Person Test
- Free Drawing Test
- Posttraumatic Stress Inventory

## A. BACKGROUND INFORMATION, INTERVIEWS, & FAMILY DYNAMICS

Anthony Duh (DOB: 12/06/92), a 15-year-old U.S. born high school student of Chinese ancestry, and his parents (Tony and Linda Duh) were seen by the undersigned on the above date in relation to the boy's humanitarian clemency petition to avoid or temperate the incarceration of his parents and primary caretakers and the ensuing psychoemotional, economic, and family hardship.

Based on their recollections and disclosures, Mr. and Mrs. Duh are Taiwanese-born business people who came to the United States in 1985 and 1983 respectively. They own an import-export company and were arrested at their Bayside, Queens home by DEA officers on 6/22/07, in the midst of a money laundering investigation. The parents spent two weeks at M.D.C. and face incarceration because of their involvement in cash-business operations with Colombian customers accused of drug-related money laundering schemes. They report no legal, criminal, police, or maladaptive record whatsoever, being fully devoted to their children, Buddhist Temple, and business.

The primary purpose of this assessment is to analyze Anthony's current psychoemotional functioning and stressors, his family background and dynamics, and identify the potential traumatic effects and

extreme psychoemotional hardship in the event of a simultaneous or prolonged incarceration of his parents, with whom he lives in Bayside, Queens. His 19-year-old sister (Debbie Duh) is a resident at Boston University, where she studies Economics and began psychotherapy after the above mentioned event.

Individual and integrated interviews with the parents and son were conducted by the undersigned to obtain a comprehensive view of their interpersonal and family history and dynamics, and specific psychological measurement inventories and projective tests were administered to Anthony in order to assess his personality construct and traits, current symptomatology and psychoemotional functioning.

Mr. and Mrs. Duh are two visibly despondent, well-educated bilingual individuals born in Taiwan, who explained that their priorities in life have been to make sure that their two children become well-educated, productive, and healthy individuals. They took pride in the fact that their children are high academic achievers, Debbie being accepted at Boston University and Anthony being a top student at Bronx High School of Science, where he is a 10th grader.

Fifteen-year-old Anthony is a sensitive, initially reserved teenager who described his parents as loving, caring and committed individuals who have consistently provided for him and supported him unconditionally. With his parents' help, he has been able to do a number of extracurricular activities, including swimming, tennis, and piano classes, attend the Boy Scouts of America, and actively participate at the Flushing Buddhist Temple, especially with his mother. Most of these activities have obviously stopped after the arrest of the parents, as they have to be back at home at 7:30 PM and all of their activities are closely monitored.

Often in tears, Anthony stressed that his parents "always do everything for me. They always do their best... I'm still happy they are my parents despite of what happened. They are good people and good parents." He admitted that the traumatic arrest of his parents "is always in the back of my mind" even though he feels that "I have to pretend everything is normal," after his parents have been reported at the Chinese newspaper as criminals, and his family is the talk of the town. Anthony feels the "need to be more mature," getting home as early as possible and behaving "extra responsibly."

At a deeper emotional level, this sensitive teenager is dealing with a profound sense of guilt because he "should have helped them with the translation" when the parents were being interrogated (as some relevant misunderstandings reportedly emerged), and "should have done something soon" after their arrest instead of "believing they were going to be back home the next day. I trusted these people too much... I was confused, I didn't know what to do." Anthony explained that he was told "not to talk to anybody" and that, if the parents cooperated with the investigation, "everything was going to be fine... Your parents will be back tomorrow, they said" -he recalled tearfully. He did contact his sister in Boston and she came to New York immediately to help the 15-year-old, who was completely home alone, deal with this highly traumatic family situation.

On Mental Status Examination, Anthony gave the impression of being an affectionate, well-educated, mentally alert, sensitive teenager, who was well-oriented in all three spheres (time, place, person). His mood was markedly depressed, yet his attitude was at all times cooperative. He demonstrated well-developed receptive and expressive language skills and a clear and coherent speech. He denied ever suffering from psychiatric or psychopathological disorders, denied suffering hallucinations,

the use of alcohol, drugs or illegal substances of any kind. Apart from the serious family stressors associated with the parents eventual incarceration, the parents-son interactions were seen as non-conflictive, emotionally healthy and nurturing. To the extent of my knowledge and based on the clients' recollections, no family member has ever been involved in any other maladaptive, legal, police or criminal issue, nor have they ever experienced problems with

## B. MENTAL STATUS & INVENTORY RESULTS

After analyzing these painful emotional reactions and disclosures, it became patent that a prolonged separation of Anthony from his parents will produce an extreme emotional hardship for him, and exacerbate his already frail psychoemotional functioning and combined PTSD and depressive conditions this 15-year-old is suffering from.

In another segment of the clinical interview, Anthony stated that "I'm still very anxious... I'm still young and I'm being kept in the dark about some things"-looking at his mother as she started to cry, and in relation to the seriousness of the case and their incarceration. "Maybe because I'm still young, but I want to be ready... I know I would have to work extra-hard to make sure I continue with my life"-he asserted tearfully, while Mr. and Mrs. Duh were also crying. "I'm afraid, but I need to be more mature"-he ended somberly, clearly revealing his tremendous emotional distress in light of the traumatic family events and the uncertainties about his and his parents' future.

During the 6/22/07 arrest and afterwards, Anthony reports experiencing feelings of fearfulness, hypervigilance, impotence, and anxiety, all clinically associated with a posttraumatic stress condition. The Post-Traumatic Stress Disorder (PTSD) involves a number of distinctive somatic, emotional and psychological symptoms which often emerge after exposure to traumatic incidents, involves actual or threatened death or serious injury, or other threat to the person's physical integrity or to others. The characteristic symptoms resulting from these exposures often include avoidance of stimuli associated with the episode, numbing of general responsiveness, persistent reexperiencing of the traumatic event, and persistent symptoms of increased arousal.

He remembers holding a stick in his hands for protection, and Mr. Duh indicated, also in tears, that his son still goes to bed with a stick.

delusions, phobias, or mental derailments of any sort, but admitted experiencing major posttraumatic and anxious-depressive feelings, as well as feelings of guilt (for not helping his parents enough) and fearfulness about their future.

Anthony's idealational productivity was normal and his intelligence, as per interview, was judged to fall within high average ranges of intellectual classification. His thoughts, although markedly somber and subjective, appeared well defined and well organized. Memory and cognitive functions, judgment and insight, appeared intact and unremarkably normal, but his self-perception and self-worth were symptomatically low. There were also clinical signs of a major mood disturbance featuring mixed anxious-depressive feelings, intense mental worries, and great fears associated with his parents' potential incarceration and with the future of his family. To measure these symptoms as objectively as possible, the Beck Anxiety and Burns Depression Inventories were presented to Anthony for him to select from among 21 and 15 typical symptoms associated with anxiety and depression respectively.

The Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988) is a 21-item scale that measures the severity of anxiety in adults and adolescents. Aaron T. Beck and his associates at the Center for Cognitive Therapy, University of Pennsylvania School of Medicine, Department of Psychiatry, developed the BAI to assess symptoms of anxiety. The BAI total score is the sum of the ratings given by the examinee for the 21 symptoms. Each symptom is rated on a 4-point scale ranging from 0 to 3. The maximum score is 63. The BAI total score ranges, which correspond to those of the revised BDI (Beck & Steer, 1987), are recommended for interpreting the intensity of self-reported anxiety. Total scores from 0 to 9 points are considered to reflect a normal level of anxiety; scores of 10-18 indicate mild-moderate anxiety; scores of 19-29 reflect moderate-severe anxiety; and scores of 30-63 indicate severe anxiety.

The Burns Depression Checklist is a 15-item instrument designed to measure the severity of depression in adults and adolescents. The BDC was developed to primarily assess symptoms of depression and it is scored by summing the ratings given by the examinee for each of the 15 items. Each item is rated on a 4-point scale ranging from 0 to 3. The maximum total score is 45. As in the BAI, the BDC total score ranges are recommended for interpreting the intensity of self-reported depression.

Anthony's total scores were of 19 (BAI) and of 21 (BDI), both pertaining to the moderate-severe range of classification. Results reveal elevated anxious-depressive feelings and somatic symptoms of stress, including the following:

- inability to relax, nervousness
- feeling shaky, unsteady
- feeling angry (of circumstances)
- feeling frightened about the future
- sleep disturbances, dyssonia
- self-criticism, discouragement
- anxiety, distractibility, worrisomeness
- feeling sad and worried all the time
- having lost motivation and interest in life
- inner tension feelings, feeling worthless
- muscle tension, headaches, loss of appetite
- having the fear of the worst happening

Anthony's Family Constellation Test revealed an emotionally close, well-bonded family atmosphere in which parents, son and daughter shared the same "floor" or emotional stratum, this interpreted as him having a good sense of familial parity, fairness, good communication and appropriate boundaries. His spontaneous depictions show all family figures in a positive emotional tone and relatedness, as well as appropriate differentiation for age, gender, and emotional relevance, among other measure-

The analysis of Anthony's performance on the Projective Drawings (House-Tree-Person Test, Family Constellation Test, Free Drawing Test, three universally used psychometric instruments to evaluate personality functioning, stressors, and construct from a 'projective'-symbolic, non-verbal approach) confirmed that this 15-year-old is undergoing a clinically significant condition of major emotional distress, posing clear patterns of anxiety, massive mental worries, hypersensitivity, inner tension, stress, and lingering depressive ideations.

## C. PROJECTIVE TESTS RESULTS

- repeated unpleasant thoughts that won't leave his mind
- feeling guilty that maybe he did not protect himself
- thinking about the event when you don't want to
- emotional ups and downs, on the verge of tears
- worrying about what he should have done
- having strong feelings about the event
- feeling anxious and depressed
- having more fears than usual
- having sleep disturbances
- inability to concentrate

On his performance on the Post-Traumatic Stress Inventory, Anthony scored within elevated ranges of classification, as he selected 14 of the 17 symptoms and emotional variations commonly linked to post-traumatic stress or related conflictive experiences, including:

The Post-Traumatic Stress Inventory (PTSI) consists of a list of 17 somatic, emotional and psychological symptoms which often emerge after exposure to traumatic incidents, conflictive experiences or accidents of some magnitude, where the person in question undergoes an event that involves actual or threatened death or serious injury, or other threat to the person's physical integrity or to others. The characteristic symptoms resulting from these exposures often include avoidance of stimuli associated with the episode, persistent reexperiencing of the traumatic event, numbing of general responsiveness, and persistent symptoms of increased arousal.

- having the fear of dying
- abdominal pain, GI and digestive problems



Because the chances of facing extreme psychoemotional, economic and familial hardship and of him loved one, etcetera.

changes in lifestyle, unusual economic or emotional hardship, the death or sudden separation from a exposure to traumatizing events, especially during childhood and adolescence, and including radical Conduct and/or Adjustment Disorders, and even of Schizoaffective Disorders stemming from one's clinical evidence about the emergence of major mood disturbances (i.e., Major Depressive Disorder), emotional instability, fragility and personal insecurity. On this point, there is abundant research and aggravated in the case of Anthony by the fact that the early and teenaged years are, *per se*, ones of This situation has obviously created major psychoemotional consequences for all family members, yet

emotional needs.

extremely hard scenario of him being practically alone to take care of his academic, material, and seriously affected by the perspective of a traumatic incarceration of his parents, as it would imply an mainly, the perspective of their incarceration. Anthony's psychoemotional functioning is being Adjustment Disorders triggered by the unexpected arrest of his parents and its serious aftermath, school student, has developed clinically significant Posttraumatic Stress and Anxious-Depressive Anthony Duh, a visibly worried, despondent, and frightened 15-year-old Chinese-American high

## D. SUMMARY & DIAGNOSTIC IMPRESSION

whose emotional balance has been seriously affected.

abstract, rather complicated design on the Free Drawing Test, is symptomatic of a bright young man tree was "saturated" with graphic indicators of mental worries and intrusive thoughts. Moreover, his reflecting this teenager's elevated emotional distress regarding his home dynamics, and the top of the His home was "adorned" with repetitive crossed lines, angulations, shades and overdrawings, all

young life.

as of having "ten years old", possibly retreating to a much more pleasant, less traumatic stage of his being "ready" and "mature" to cope with a potentially disastrous family scenario, he depicts himself suggest that Anthony is having a conflicted self-image and self-worth, and even though he talks about highly symptomatic note, a self-depiction that was attempted twice (one ending up being scratched) detailing and spatial integration, demonstrating solid attentional and graphomotor skills. On a (house bigger than tree, tree bigger than person), as well as a developmentally sound level of graphic On the House-Tree-Person Test, Anthony were able to maintain the relative proportion of elements

and role model.

important reference of the home for this 15-year-old, and the most significant gender-identification

ments. Anthony's spatial proximity to his father reveals that Mr. Duh is undoubtedly the most

developing further psychoemotional problems are elevated for Anthony Duh, the incarceration of Mr. and Mrs. Duh should be avoided as much as it be legally possible. Consequently, I humbly ask the intervening Federal authorities to rule compassionately on their sentencing in order to avoid a devastating emotional impact upon Anthony and his already frail psychoemotional condition.

Anthony Duh met the clinical criteria for the following DSM-IV diagnoses:

Axis I: At onset 309.28, Adjustment Disorder with Mixed Anxiety and Depressed Mood.  
Current: 309.81, Posttraumatic Stress Disorder, chronic.

296.22, Major Depressive Disorder, single episode, moderate.

Axis II: V71.09, None. Feelings of guilt, inappropriateness, and low self-esteem.

Axis III: Reported by patient: Stress-related appetite, concentration, and sleep problems.

Axis IV: Psychosocial stressors: Severe: Problems related to the interaction with the legal system as

a clemency petitioner (for parents). Perspective of a traumatic parental incarceration with

radical changes in lifestyle and loss of daily parental supervision and support.

Axis V: GAF 50, Serious symptoms.

Please do not hesitate to contact me should further information about this young patient be needed.

Yours truly,

Juan Carlos Dumas, LMHC, CCP, FAPA

Certified Clinical Psychopharmacologist, ACCFC#17117

NYS Licensed Mental Health Counselor #000918

Fellow-Diplomate, American Board of Medical Psychotherapists #3018  
Fellow-Diplomate, American Psychotherapy Association #5415

JCD: SW  
CC: Michael Musa Obregon, Esq.

\* It is relevant to indicate that the presence of functional parents plays a fundamental role in the life of a child, not only because parents are the primary figures in the family structure, but also because recent psychosociological research studies on the consequences of parentless homes demonstrate that:

- 85% of all children that exhibit behavioral disorders come from parentless homes, as well as:

- 71% of all high school dropouts,

- 75% of all adolescent chemical abusers,

- 63% of youth suicides,

- 71% of teenage pregnancies.

In addition, in terms of potentiality for teenage pregnancy, parentless daughters are 53% more likely to marry as teenagers, 164% more likely to have a premarital birth, 92% more likely to dissolve their own marriage, and 71% of teenage pregnancies are to children of single parents.

Source: ACS Fatherhood National Initiative/ Administration for Children & Families. 2005 Study.